

Ref 1590/APP/2016/4384



London Borough of Hillingdon, Planning & Community Services, 3N Civic Centre, High Street, Uxbridge, Middlesex UB8 1UW
Tel: 01895 250230 Web: www.hillingdon.gov.uk

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MR	First name:	SIMON
Last name:	WAKE		
Company (optional):			
Unit:		House number:	151
		House suffix:	
House name:			
Address 1:	CHARVILLE LANE		
Address 2:			
Address 3:			
Town:	HAYES		
County:	MIDDLESEX		
Country:	UK		
Postcode:	UB4 8PB		

2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	151	House suffix:	
House name:					
Address 1:	CHARVILLE LANE				
Address 2:					
Address 3:					
Town:	HAYES				
County:					
Postcode (optional):	UB4 8PB				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northing:			
Description:					

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

REF 1590/APP/2013/2369 TWO STOREY 4 BED DETACHED DWELLINGS
INVOLVING DEMOLITION OF EXISTING DETACHED DWELLINGS
APPROVED 05/11/2013

Reference number: 1590/APP/2013/2369 Date of decision: 05/11/2013 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	10	6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started? ☐ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)

Has the development been completed? ☐ Yes ☐ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

PLEASE SEE CSH LEVEL 4 CERTIFICATE (REVISED SUMMARY)
TO DISCHARGE CONDITION 10 SEE ATTACHED

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☐ Yes ☐ No

If Yes, please indicate which part of the condition your application relates to: